

**The American International Health Alliance (AIHA) and the United States
Agency for International Development (USAID) Announce a
Grants Competition**

NIS Health Partnerships Program

Date Issued: March 12, 1999

Closing Date and Time: April 15, 1999 12:00 Noon (EST)

I. Summary

AIHA and USAID are pleased to announce a grants competition in support of establishing new partnerships between US health-related institutions and their counterparts in the New Independent States (NIS) of the former Soviet Union, as part of the NIS Health Partnerships Program. AIHA is soliciting applications from qualified US health-related institutions willing to devote substantial in-kind resources, mainly in the form of human resources committed on a volunteer basis, to a 3 to 4-year partnership with counterparts in one of the NIS countries. Under the program, AIHA will award up to 4 partnerships through this solicitation, in accordance with the strategic direction of the USAID Mission in the Russian Federation. These new partnerships will focus on improving primary care through the development of community-based models that show meaningful results locally and are replicable nationally.

On September 29, 1998, the U.S. Agency for International Development awarded the NIS Health Partnerships Program to the American International Health Alliance. The Health Partnerships Program is designed to promote sustainable partnerships between US and NIS communities and institutions that foster more effective and efficient delivery of health services in the NIS. Through its previous program with USAID, AIHA supported 31 partnerships in the NIS, and 17 in Central and Eastern Europe. The new partnerships are expected to transfer skills, know-how, and lessons learned largely through voluntary, community-based, people-to-people contacts, much in keeping with the US Government's Partnerships for Freedom initiative in the NIS.

Under this new program, AIHA is seeking to expand the range of possible partnerships beyond the original hospital-to-hospital model, to include partnerships encompassing a much broader range of health-related institutions. This might include representation from some or all of the following types of US institutions: local county departments of health, health care facilities and provider networks, community health centers, schools of the health professions, community-based non-governmental organizations, and professional associations.

The partnerships are expected to develop demonstration-type interventions that are sustainable beyond AIHA/USAID funding and that have a capacity for replication. They should also establish mechanisms (such as training programs and conferences) for disseminating partnership successes. Partnerships may additionally collaborate with Ministries of Health and Education, health insurance agencies, local and regional health systems administrations, and/or schools of health sciences to ensure that critical areas of health education and administration are adequately addressed at these institutional levels and that the capacity to carry out other development assistance efforts is enhanced.

AIHA encourages applications from institutions throughout the US that have not traditionally been involved in international development and technical assistance programs. Unlike traditional consultancy programs, the partnerships are voluntary, peer-based technical assistance programs, with an emphasis on professional exchanges, voluntary contributions and leveraging private sector resources.

Funds for the grants awarded through this solicitation are provided by USAID to AIHA through a sub-regional Cooperative Agreement (Russia-EE-A-00-98-00009-00).

This RFA announcement can also be found on the AIHA Web site at <http://www.aiha.com>. The Web site also provides answers to “frequently asked questions” about the grant process and the partnership program.

II. Introduction to USAID

The US Agency for International Development is the US federal agency responsible for the design and delivery of US development assistance activities around the world. USAID has been active in the NIS since 1992, assisting the region's transition to democratic governance and a market economy. The goals of its programs in the countries of the former Soviet Union are to promote systemic change in the key reform areas of economic restructuring, democratic development, and improved social services. USAID's principal role in the NIS has been to provide needed technical expertise and training opportunities, as well as a modest measure of material support to enable the people of the region to move as rapidly and successfully as possible through their countries economic and political transition.

III. Introduction to AIHA

The American International Health Alliance operates under a series of Cooperative Agreements (grants) with USAID. AIHA establishes and manages partnerships between health care institutions in the US and their counterparts in Central and Eastern Europe (CEE) and the New Independent States (NIS) of the former Soviet Union. AIHA also sponsors a number of supportive and collaborative activities, including inter-partnership conferences and a clearinghouse of information concerning health care in the CEE/NIS.

Founded in 1992 by major health care provider associations and health education organizations, AIHA is the US health care sector's most coordinated response to health care issues in the CEE/NIS. AIHA has developed and refined a uniquely voluntary, community-based partnership model, in which a US community's health-related institutions are paired with institutions in communities throughout the CEE/NIS. These may include city, county, or even a State-wide relationships. Through peer-to-peer exchanges, these partnerships develop practical solutions to problems, create model programs, disseminate lessons learned, and effect broad systemic change during and after the AIHA-funded partnership period.

IV. Partnership Program Goals

The NIS Health Partnership Program's activities are aimed at supporting and advancing USAID's strategic framework for the transition of countries in the region of Europe and New Independent

States. More specifically, AIHA's partnerships contribute toward USAID's strategic goal of improved sustainability of health and social benefits and services. This objective seeks to redefine public and private sector roles in service delivery, and target public assistance to people who are most vulnerable. It also puts in place systems that adapt successful Western practices in health care and labor market adjustment; promote increased effectiveness and efficiency in resource use; and increase citizen advocacy for health and human service reforms to meet the needs of societies in transition. AIHA's approach to establishing healthcare partnerships in the CEE/NIS supports USAID's strategic goal by emphasizing the following broad programmatic themes: orientation toward primary care; public health capacity-building; care management; resource management; access to information for decision-making; and democracy building.

In accordance with USAID strategies for the region, the new partnerships will have as their focus the improvement of primary care. These primary health care (PHC) partnerships will develop broad-based, community-oriented, PHC services in a local governmental jurisdiction (equivalent to a US city or county) that can serve as a model for national replication. In support of the US Government's emphasis on the development of civil society and democratization in this region, and in furtherance of promoting sustainable, decentralized approaches to meeting social service needs, the partnerships will incorporate the use of a healthy communities methodology that brings together all key community stakeholders in a collaborative local health assessment and priority intervention process.

Working together, the US and NIS partners will examine factors involved in restructuring the existing ambulatory care delivery system, and will design a process that involves multiple sectors, disciplines and interests within a community. Services will emphasize disease prevention, health promotion, and the development of evidence-based quality care in a family-centered primary care environment. An emphasis will be placed on integrating health services within the larger social services context and on the development of supportive community-based non-governmental organizations (NGOs). Community mobilization and training, or re-training, of primary health care practitioners including nurses and allied health personnel will be key features of each partnership.

In seeking US partners, AIHA will favor applicants whose proposals represent the broad range of skills and disciplines required for a successful community-based program. These might include institutions with a proven track record in community health planning, community outreach, health education, community organization, health professionals training, epidemiology and survey research, facility administration, social work, information systems, pediatrics, adults and women's health, and finance and accounting.

Four community-based PHC partnerships will be funded through this solicitation. Detailed information regarding each of these partnerships by country is provided in Section IX.

V. AIHA Partnership Approach

AIHA/USAID is not the principal funding source for partnership activities, but rather supplements the voluntary and in-kind contributions of the institutional partners and their respective communities in the US and abroad. AIHA partnerships historically have leveraged three dollars of voluntary support for every US government dollar provided under cooperative agreements with USAID. Through grants to successful applicants, AIHA provides support for partnership

exchange travel, limited equipment and supplies, shipping, partnership communication and coordination costs, and participation in workshops, conferences and training sessions. AIHA staff in Washington, DC and the NIS also provide logistical and technical support, and assist in monitoring the progress of the partnership.

Applicants are required to demonstrate their willingness to undertake the commitments of a partner required under the AIHA partnership model, including significant in-kind contributions, travel to the NIS, hosting the NIS partners, reporting on partnership activities and outcomes, and attending partnership orientations, workshops and conferences. Partner institutions are expected to contribute the human resource component of their activities and forego customary institutional indirect charges.

While partnerships vary in size, scope, and focus, the typical AIHA partnership runs for three years, followed by a graduation year. Partnership activities center around training exchanges between the US and NIS partners, which may involve as many as 20 person trips per year in each direction. Additional travel is undertaken for partner orientation, study tours, collaborative partnership workshops and conferences, including AIHA's annual conference. Partners are also expected to participate in data gathering, and program monitoring and evaluation efforts.

AIHA expects to be an active partner in every partnership, providing key support services that enable the partners to bring their resources to bear more effectively and get the most out of their efforts, identifying and securing significant additional voluntary services from AIHA's own strategic partners, and providing a framework for collaboration within a larger international and policy context.

AIHA also manages and provides supplementary funding for a number of activities designed to complement and support the individual partnerships, disseminate information and lessons learned across partnerships and throughout the region, and build capacity among multinational, cross-regional groups of NIS partners. These include cross-cutting initiatives in areas of common interest (e.g. infection control and nursing), regional conferences and workshops, the AIHA annual meeting, publications, and technology and information resources. With regard to the latter, AIHA has created the Partnership Learning Resource Center Initiative, a network of centers in each partner institution which serve both as libraries of clinical and management information, and as training centers for staff to learn how to use evidence-based practice approaches to promote informed clinical decision-making. Partners also share and disseminate information through the AIHA Web site and Clearinghouse.

VI. Applicant Eligibility and AIHA Requirements

A. Eligibility

AIHA is seeking applications from US organizations or groups of organizations that would make appropriate partners and are committed to the goals of the program. Applications are encouraged from institutions throughout the US that have not traditionally been involved in international development and technical assistance programs. Unlike traditional consultancies, the AIHA partnerships are voluntary, peer-based technical assistance programs, with an emphasis on professional exchanges, voluntary contributions and leveraging private sector funds.

In order to provide effective coordination and assure fiscal accountability, a lead institution must be designated. US partners are likely to include representation from some or all of the following types of institutions: local county departments of health, health care facilities and provider networks, community health centers, schools of the health professions, community-based non-governmental organizations (NGOs), and professional associations.

Applications must be supported by the institutions' senior leadership and Boards of Directors, actively involve the institutions management team, and clearly identify an overall Partnership Coordinator.

B. AIHA Requirements

- AIHA will approve a preliminary workplan and budget at the time of award of the partnership grant, and changes in the workplan or budget must be agreed to in writing by AIHA.
- Applicants must agree to adhere to AIHA's objective-setting and results-oriented approach, including AIHA's monthly programmatic and financial reporting and accountability procedures and requirements, and participate in regular program evaluations to assess partnership progress and achievements.
- Applicants must also agree to sign a Memorandum of Understanding (MOU) with their NIS partners and AIHA, which delineates specific objectives and responsibilities of signatories to the MOU.
- Applicants must be willing to share information openly and participate fully in AIHA's efforts to exchange information with other US/NIS partnerships through the AIHA Internet Web site and through dissemination conferences and seminars.
- AIHA will provide centralized travel management for all air travel funded under the partnership grants.
- AIHA and its auditors will assess the lead organization's financial management practices according to certain risk factors, based on a Risk Assessment Form that will be completed by US partners. This risk assessment will determine the organization's risk level from 1-4 so that appropriate monitoring and audit procedures can be applied. Depending upon the organization's overall rank, AIHA will recommend specific steps to adequately monitor the partner and determine appropriate audit requirements.
- Successful applicants will be required to participate in a series of post-award preparatory activities between May and July 1999. These will likely include a three-day orientation session in Washington for US partners, an assessment visit by US partners to their NIS partners, a preliminary visit by NIS partners to their US partner city, and a four-day AIHA workshop with both US and NIS partners to develop the partnership's detailed workplan.

VII. Application Process

A. General Information

Any institution (or group of institutions) wishing to be considered for participation in the NIS Health Partnership Program must submit an application outlining its interest in serving as a US partner in a new partnership, and stating its willingness and ability to satisfy the eligibility requirements describe above and selection criteria set forth below. The application should also specify any preferences for type of partnership and/or geographic/country. Applicants may apply for specific partnerships or elect to be considered for a range of partnerships, by type or location.

AIHA will conduct a multi-tiered review process to select the final applicants to serve as US partners. One step of this process will include an opportunity for applicants who have a reasonable chance of being selected to develop “best and final” proposals.

AIHA will select an institution or group of institutions that best matches the needs of the NIS partner, best fulfills the criteria below, and offers the greatest potential for sustaining a partnership beyond the availability of AIHA funding.

Each new partnership will be funded for an initial three-year period; successful partnerships may ultimately be extended for a fourth year, contingent upon USAID funding.

Grants for the initial three-year period are expected to be in the range of \$100,000 to \$300,000 annually, depending on the type of partnership and available funding. AIHA reserves the right to determine the level of funding for each grant awarded. Awards of partnership grants will be made once USAID concurrence is obtained. Grants are expected to be awarded on or about May 28, 1999, and applicants will be expected to begin their projects two weeks after award.

The deadline for submissions is April 15, 1999, 12:00 Noon (EST). Proposals that are submitted late or are incomplete may not be considered in the review process.

B. Proposal Outline

Applicants should submit a combined program and financial proposal. The program section of the proposal is restricted to a cover sheet, a two (2) page Executive Summary, and ten (10) pages of text, excluding attachments. Attachments to the program section are limited to a total of fifteen (15) pages, not counting institutional charters and biographical summaries.

Applicants must demonstrate a willingness and capability to participate in a partnership under AIHA s voluntary model and must document a capacity to address one or more of the health-sector priorities described in this solicitation. The following format should be used in organizing the application:

- Cover Sheet: Indicate type of partnership/regions of interest. Indicate name and contact information of lead and all expected partnership institutions, (address, telephone, fax number, and e-mail, plus name and title of primary contact person) including specific department/division, as appropriate
- Body of the Proposal: To facilitate the review process, applicants should organize proposals according to the following outline:
 - Executive Summary

- Institutional Background and Capability

Provide a brief description, including legal or registration status, of the institution(s) to be involved in the partnership and their existing relationship with one another.

Describe how the strengths of the institution(s) match up with the priority needs the prospective NIS partners as identified in this solicitation.

Describe applicant's previous activities which are pertinent to the proposed partnership.

- Potential for Leverage and In-Kind Contributions

Describe applicant's commitment to provide voluntary resources and its plan to generate leverage and in-kind contributions from its community and the private sector.

- Personnel Qualifications

Partnership Management Capabilities: Describe how the overall project will be coordinated and managed. Include details on the qualifications of the key individual(s) responsible and indicate the amount of time each will devote to the project. List key members of the core planning/management team who will guide and direct partnership activities.

Technical Resource Capabilities: Describe the key technical resources or volunteer experts who will engage in partnership activities (some of these may also have partnership management responsibilities). Include descriptions of their respective areas of expertise, and the specific skills these individuals will bring to bear on behalf of the partnership.

Attach biographical summaries, not to exceed one page each, for up to ten (10) of the individuals listed above. These summaries will not count towards the attachment limit of 15 pages.

- Financial Section: All applicants must submit a completed Financial Certification Form, in the form attached (Appendix I), signed by the applicant institution's Chief Executive Officer, Chief Financial Officer, or an authorized grants/contracts officer. This form will not count toward the attachment limit of 15 pages. Because the precise nature of the partnership and work plan that any given applicant might undertake is not known at this juncture, a formal cost proposal is not required for this application. However, applicants should summarize, in the text of the proposal, the estimated level of financial support that will be necessary to reimburse the applicant for administrative support and coordination of partnership activities. This should include personnel time and direct office expenses that cannot be contributed on a voluntary basis, and should be reported as either a percentage of the grant amount, or on a total dollar basis.

C. Selection Criteria

The following factors will be considered in selecting partners:

General

- Institution-based applicants.
- Support of institutions senior leadership and Boards of Directors.
- Understanding and embracing of voluntary nature of partnership program.
- Clear indication of lead organization/institution, if consortium.

Institutional Capability

- Documented capacity to address one or more of the health sector priorities described in this solicitation (e.g., evidence of technical expertise and specific skills required to respond to identified needs as described).
- Linkages with a broad range of other relevant institutions in applicant s community, including universities, NGOs, etc.
- Potential for meeting long-term needs of the overall NIS regional partnership program by working with other US and NIS institutions and by conveying lessons learned in the partnership (discussion of mechanisms for dissemination of partnership successes).
- Clearly stated commitment to participate in AIHA activities outside of grant activities, including annual conferences, publications, evaluations, etc.
- Evidence of successful past performance on similar programs or initiatives in the US and/or overseas (e.g., quotes or endorsements in support of applicant s accomplishments).
- Evidence of strong project management capability.
- Evidence of strong financial management capability and internal controls.
- Clear description of how the overall project will be coordinated and managed, with an identified partnership coordinator.
- Strong and appropriate qualifications of key individuals working in the partnership.
- Potential for sustainable relationship beyond USAID/AIHA funding.

Leverage and In-kind Contributions

- Significant in-kind contribution of resources, including human resources.
- Foregone overhead and other indirect costs.
- Clear commitment or plan to generate additional in-kind resources, such as equipment, supplies, housing for visiting NIS partners, etc.
- Active involvement of local community served by the US partners.

D. Guidance and Support for Applicants

Applicants may obtain additional information and guidance in the following ways:

AIHA Web Site: AIHA s Web site (www.aiha.com) contains information about AIHA, its partnership philosophy, institutional structure, and past experience in facilitating partnerships in the New Independent States of the former Soviet Union and Central and Eastern Europe. In addition, a special section is featured containing this RFA, and information for applicants about the solicitation (<http://www.aiha.com/english/partners/newpartn/index.htm>). Until April 5th, 1999, AIHA will accept questions and provide responses through the Web site in the format of Frequently Asked Questions (FAQ s). Questions may be sent via e-mail to nissolicit@aiha.com or via fax at (202) 789-1277, Attention: NISSOLICIT. After April 5th, no additional questions

will be accepted. Questions, whether of a general or specific nature, will be formatted as general FAQ s, and responses will be posted on the AIHA Web site.

Informational Sessions for Applicants: If interest is sufficient, AIHA will hold an informational session to reach out to applicants that have questions about the partnership program, the grant process, and the selection criteria. If your institution would like to take part in such a session, please send notice via E-mail to nissolicit@aiha.com or fax at (202) 789-1277 prior to March 22nd, 1999. Details concerning the exact date, time and location of this session will be posted on the AIHA Web Site.

VIII. Where to Submit Proposals

The deadline for submitting proposals is 12:00 noon (Eastern Standard Time), April 15, 1999.

Applicants must submit five hard copies of the proposal and one copy on diskette in the following software versions: MS Word (Version Office 97, or lower), Word Perfect (6.1 or lower), Excel (Office 97 or lower), or Lotus (5.0 or lower). These should be submitted to the address below.

American International Health Alliance
1212 New York Ave., NW, Suite 750
Washington, DC 20005
Attn: NIS Proposal Review Committee
Telephone: (202) 789-1136, x 291
Fax: (202) 789-1277

Applicants should retain for their records one copy of any and all proposals, attachments, and other submissions to AIHA.

IX. Partnership Descriptions

Background: Since the collapse of the former Soviet Union, much of the government and social structure supporting health care has become increasingly incapacitated and even dysfunctional, while the overall risk to the health of the population in the Russian Federation has continued to rise. One alarming statistic is the decline in life expectancy across the country. At 59 years for men and 72 years for women, life expectancy was lower in 1996 in the Russian Federation than it was when the Soviet Union collapsed in 1990. The decline in health status can be attributed to a number of underlying causes including sharp reductions in preventive care services, institutional and infrastructure breakdown, inadequate chronic disease management, poor lifestyle choices and stress due to economic uncertainty, adverse environmental and occupational health conditions, and increased accidents. While economic factors create significant barriers to meeting these challenges, inefficient or largely non-existent management processes and a highly centralized, specialized, and inflexible health system contribute to the public sector s ability to respond.

The effectiveness of the health system in coping with the demands of the economic and political transition is significantly hampered by a number of factors including: a resistant culture of centralized control, funding allotments based on hospital bed occupancy, weak or non-existent

management systems, emphasis on specialists and tertiary care, insufficient attention to preventive medicine and/or early detection, inefficient utilization of human resources (including primary care practitioners, nurses, and other allied health personnel), inappropriate or dated methodologies and clinical protocols (e.g. infection control procedures) and lack of up-to-date materials and information.

Although the Russian Government initiated efforts to reform health care, further international assistance is needed to establish more cost effective and efficacious primary care approaches to wellness and treatment. Support is also needed to devise policies responsive to the health needs of the country, to provide training in specific fields, and to reform the underlying organization of the health care system.

The health partnerships program will assist these interests through development of sustained partnerships between U.S. and Russian institutions and communities. In addition, AIHA will collaborate with other USAID contractors active in infection control, tuberculosis control, and women's health programs in order to coordinate efforts and build capacity in these priority areas.

AIHA Partnership Strategy: AIHA will support community-based partnerships oriented toward the improvement of primary care services in four under-served areas. The partnerships will emphasize community involvement in priority setting and planning and development of services, and will provide practical training for participating physicians, nurses, feldshers, and managers. Priority vulnerable populations will include the rural elderly and women and children. AIHA will also support partnerships and related activities between US institutions and their counterparts in support of key capacity-building priorities under the Gore-Primakov Commission including (a) developing the national capacity to train health care professionals in critical infection control procedures and better control of antibiotic drug resistance and (b) establishing a national evidence-based practice center to promote effective primary care health services and technologies and (c) assisting Russian health care institutions and professionals (including AIHA supported partners) in the development and implementation of quality management practices. The partnership will also conduct practical research in conjunction with the PHC partnerships to aid in the national dissemination of lessons learned.

The four Russia partnerships being solicited through this RFA are described in more detail below.

Sakhalin Oblast, Far East Region, Russian Federation

Proposed NIS Partners: Sakhalin Oblast Health Department, Dolinsk Rayon Hospital and Polyclinic

Focus of Partnership: AIHA will establish a new partnership to implement a model, community-based primary care service delivery system in the city of Dolinsk, situated approximately a one hour drive northwest from the regional capital of Yuzhno-Sakhalinsk. The partnership will focus on the development of quality services in one or more model sites to meet community needs and improve access to services with an emphasis on disease prevention and health promotion for adults and children. Initial workplan activities will be directed toward developing local community involvement, conducting a needs assessment, and building consensus around community issues and problems to be addressed. Subsequently the partnership will assist in the reorganization of the primary care network and the replication of additional sites within the oblast. Training and retraining of staff in the area of preventive services, clinical care, and management will be a major

focus of partnership activities. Health promotion and disease prevention activities will be developed according to community needs. Development of a referral system to track client outcomes is also anticipated. Organizations with expertise in primary prevention programs, maternal and child health, chronic disease management, and other primary care services are urged to apply. Partners should anticipate collaboration with other international donor agencies working in the region.

Khabarovsk Krai, Far East Region, Russian Federation

Proposed NIS Partners: Khabarovsk Krai Health Department, Pereyaslavka Rayon Hospital and Polyclinic

Focus of Partnership: AIHA will establish a new partnership to implement a model, community-based primary care service delivery system in the city of Pereyaslavka, situated approximately a one-and-a-half hour drive southeast from the regional capital of Khabarovsk. The partnership will focus on the development of quality services in one or more model sites to meet community needs and improve access to services with an emphasis on disease prevention and health promotion for adults and children. Initial workplan activities will be directed toward developing local community involvement, conducting a needs assessment, and building consensus around community issues and problems to be addressed. Subsequently the partnership will assist in the reorganization of the primary care network and the replication of additional sites within the oblast. Training and retraining of staff in the area of preventive services, clinical care, and management will be a major focus of partnership activities. Health promotion and disease prevention activities will be developed according to community needs. Development of a referral system to track client outcomes is also anticipated. Organizations with expertise in primary prevention programs, maternal and child health, chronic disease management, and other primary care services are urged to apply. Partners should anticipate collaboration with other international donor agencies working in the region, such as the World Bank's Medical Equipment Project.

Kurgan Oblast, Ural/Western Siberia, Russian Federation

Proposed NIS partners: Kurgan Oblast Health Department, Kurgan Maternity House, Schuche Rayon Central Hospital

Focus of Partnerships: AIHA will establish a new partnership to implement a model, community-based primary care service delivery system in the cities of Kurgan, and Schuche (Schuche is situated approximately a two-and-a-half hour drive northwest from the regional capital of Kurgan). The partnership will focus on the development of quality services in one or more model sites to meet community needs and improve access to services with an emphasis on disease prevention and health promotion for adults and children. Initial workplan activities will be directed toward developing local community involvement, conducting a needs assessment, and building consensus around community issues and problems to be addressed. Subsequently the partnership will assist in the reorganization of the primary care network and the replication of additional sites within the oblast. Training and retraining of staff in the area of preventive services, clinical care, and management will be a major focus of partnership activities. Health promotion and disease prevention activities will be developed according to community needs. Development of a referral system to track client outcomes is also anticipated. Organizations with expertise in primary prevention programs, maternal and child health, chronic disease management, and other primary care services are urged to apply.

Nizhni Novgorod Oblast, Volgo-Vyatka Region, Russian Federation

Proposed NIS partners: Sarov City Duma, Office of Mayor, Medical-Sanitary Unit N50

Focus of Partnerships: AIHA will establish a new partnership to implement a model, community-based primary care service delivery system in the city of Sarov, formerly Arzamas-16, one of the ten closed Russian cities known as the nuclear cities. The partnership will focus on the development of quality services in one or more model sites to meet community needs and improve access to services with an emphasis on disease prevention and health promotion for adults and children. Initial workplan activities will be directed toward developing local community involvement, conducting a needs assessment, and building consensus around community issues and problems to be addressed. Subsequently the partnership will assist in the reorganization of the primary care network and the replication of additional sites within the oblast. Training and retraining of staff in the area of preventive services, clinical care, and management will be a major focus of partnership activities. Health promotion and disease prevention activities will be developed according to community needs. Development of a referral system to track client outcomes is also anticipated

X. Disclaimer

Applications are submitted at the risk of the applicant. Issuance of this RFA does not constitute an award commitment on the part of AIHA and USAID, nor does it commit AIHA or USAID to pay for costs incurred in the preparation and submission of applications. AIHA and USAID reserve the right to reject any or all applications received. Award of the grants contemplated by this RFA cannot be made until funds have been appropriated, allocated, and committed by USAID to AIHA. Continued funding for all projects throughout their duration will be dependent upon the grantee's performance and availability of funds from USAID. While USAID and AIHA anticipate that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award.

This RFA announcement can also be found on the AIHA Web site at <http://www.aiha.com>. The AIHA Web site address also includes answers to "frequently asked questions" about the grant process and the AIHA partnership program.

FINANCIAL CERTIFICATION OF US PARTNER INSTITUTIONS

Organization: _____

Program Coordinator: _____ **Date:** _____

This Assessment questionnaire has been developed to determine the experience of partner institutions on the financial management dimensions relevant to the AIHA Partnership Program. Considerations include the size (or prospective size) of the award requested or received, and the institution's experience with previous government funded grants. Depending upon the overall evaluation, AIHA will determine the appropriate level of financial monitoring and oversight the partnership will require.

Institutions with low risk will be monitored sufficiently by a review of their monthly financial reports identifying the monthly and projected spending activity (No documentation will be required). Institutions with medium risk will have certain agreed upon monitoring procedures performed during the award period. Those at high risk will be required to submit invoices for verification of expenditures.

1. Dollar Value of Actual or Proposed Grant – risk due to the size of this award.

- ____ a. 0 - \$150,000
- ____ b. \$150,000 - \$300,000
- ____ c. Over \$300,000

2. Institutional Experience – risk due to the institution's lack of experience.

- ____ a. Institution has a successful history of work in Government Funded programs.
- ____ b. Institution has experience in prior Government Funded programs; but, has not received prior A-133 audit.
- ____ c. Institution is new and inexperienced; or, Program is or will be operated as an offshoot of an experienced institution.

3. Sources of Financial Support (Other U.S. Federal funds).

- ____ a. Yes
- ____ b. No

4. Familiarity with OMB Circulars A-122 & A-21 – risk due to the lack of familiarity with OMB circulars concerning cost principles.

- ____ a. Management is familiar with OMB Circulars A-122 and/or A-21
- ____ b. Management is unfamiliar with OMB Circulars A-122 and/or A-21

**FINANCIAL CERTIFICATION
OF
US PARTNER INSTITUTIONS**

Organization: _____

5. Fund Control – risk due to the lack of adequate control of funds.
- _____a. Separate bank account can be established for AIHA funds, or funds will be administered on a cost reimbursable basis
- _____b. Separate bank account cannot be established; cash must be maintained outside of a bank.
6. Supporting Documentation – risk due to the lack of maintaining invoices, vouchers and timesheets.
- _____a. Invoices, vouchers and timesheets are maintained for all payments.
- _____b. Circumstances may preclude maintaining invoices, vouchers and timesheets. These circumstances, appear reasonable and should not pose a significant audit risk.
- _____c. Circumstances may preclude the maintenance of invoices. These circumstances may pose a significant audit risk.
7. Audit Coverage (Part II)
- _____a. Institution had previous (or recent) Inspector General Audit from Federally Funded Award Program.
- _____b. Institution has not had previous (or recent) Inspector General Audit from Federally funded Award Program
8. Audit Findings/Resolution
- _____a. No audit findings identified in the audit report.
- _____b. Material/significant audit findings which relate to the organization's ability to administer an AIHA award.
-

Certification of Information Provided:

Chief Financial Officer or Grants Administrator

Date

Program Coordinator

Date